UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. ***(Additional instructions on next page.)***

COURT USE ONLY
DUE DATE:

1a. Contact Person for this Order	Ava Smith	2a. Contact Phone Number	213-978-7646	3a. Contact E-mail Address	ava.smith@lacity.org
1b. Attorney Name (if different)	Sara Ugaz	2b. Attorney Phone Number	213-978-7564	3b. Attorney E-mail Address	sara.ugaz@lacity.org

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)

Office of the City Attorney
200 N. Main Street, CHE, Room 675
Los Angeles, CA 90012

5. Name & Role of Party Represented: Defendant, City of Los Angeles

6. Case Name: Venice Justice Center, et al. v. City of Los Angeles, et al.

7a. District Court Case Number: 2:16-cv-01115-DDP-SS

7b. Appeals Court Case Number:

8. INDICATE WHETHER PROCEEDING WAS *(choose only one per form)*:

☐ DIGITALLY RECORDED ☒ TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER: Maria Bustillos

9. THIS TRANSCRIPT ORDER IS FOR: ☐ Appeal ☐ Non-Appeal ☐ Criminal ☒ Civil ☐ CJA ☒ USA ☐ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):

You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below.

a. HEARING(S) OR PORTIONS OF HEARINGS *(Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.)*			b. SELECT FORMAT(S) *(CM/ECF access included with purchase of transcript.)*						c. RELEASE OF TRANS. RESTRICTION DATE	d. DELIVERY TYPE
DATE	JUDGE (name)	PROCEEDING TYPE / PORTION If requesting less than full hearing, specify portion (e.g., witness or time). CJA orders: indicate if openings, closings, voir dire, or instructions requested.	PDF (email)	TEXT / ASCII (email)	PAPER	CONDEN-SED (email)	CM/ECF ACCESS (web)	WORD INDEXING	*(Provide release date of efiled transcript, or check to certify none yet on file.)*	*(One per line, but check with court reporter before choosing any type but "ordinary.")*
08/01/2016	DDP	Hearing on Motion to Dismiss Case	◉	○	○	○	○	○	◉	ORDINARY (30-day)
			○	○	○	○	○	○	○	
			○	○	○	○	○	○	○	
			○	○	○	○	○	○	○	
			○	○	○	○	○	○	○	

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. *CJA Orders: Explain necessity of non-appeal orders & special authorizations to be requested in Section 14 of CJA-24 Voucher (attach add'l pages if needed).*

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date: August 2, 2016 Signature: /s/ Sara Ugaz

G-120 (3/16)

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